

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. FUN -	YEA R 2017/2018
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APPLICATION FOR PERMIT TO OPERATE AS A FUNERAL DIRECTOR

CASH ☐

CHECK ☐

NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

PERMIT FEE: \$100.00

Per Director-Non-Refundable Fee

Date: _____

Establishment Name: _____

Establishment Address: _____

Mailing Address (If different) _____

Establishment Telephone Number: _____

Owner's Name: _____

List Each Funeral Director:

<u>Name</u>	<u>Title</u>	<u>Home Address</u>

In accordance with the provisions of the Statutes relating thereto, application for a Funeral Director Permit is hereby made to operate as a FUNERAL DIRECTOR in Northampton, Massachusetts.

Signature of Owner or Corporate Officer

Social Security or Federal ID #

Telephone #

Date of Appointment

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON